



Joseph P. Riley, Jr.
Mayor

City of Charleston
South Carolina

Alan D. Horres, Jr.
Director

Revenue Collections Division
2% Hospitality Tax

Business License Number:

Name:

DBA:

Address:

Address:

LOCATION: SAME

Computation of Hospitality Tax:

This return reports sales for the month of : _____

- | | |
|--|----------|
| 1. Gross Proceeds of Sales
(All prepared food and beverages) | 1. _____ |
| 2. Line 1 x 2% (.02) | 2. _____ |
| 3. Balance Due | 3. _____ |
| 4. Penalty (25% if not filed by 20 th day of the following month) | 4. _____ |
| 5. Total Hospitality Tax and Penalty Due | 5. _____ |

I attest that the information stated on this form is true and accurate and records are available to substantiate this information.

SIGNATURE

DATE